

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

June 5, 2025

[REDACTED]
RAPPS SENIOR CARE LLC

[REDACTED]
ATTN BILL SNOW
[REDACTED]

RE: WOODBRIDGE PLACE
1191 RAPPS DAM ROAD
PHOENIXVILLE, PA, 19460
LICENSE/COC#: 14359

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WOODBRIDGE PLACE License #: 14359 License Expiration: 12/21/2025
 Address: 1191 RAPPS DAM ROAD, PHOENIXVILLE, PA 19460
 County: CHESTER Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: RAPPS SENIOR CARE LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/01/1996 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 103 Waking Staff: 77

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 03/24/2025

Inspection Dates and Department Representative

03/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 Residents Served: 76

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Unit Capacity: 20 Residents Served: 19

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 27 Have Physical Disability: 0

Inspections / Reviews

03/24/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/27/2025

04/28/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/23/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/08/2025

Inspections / Reviews *(continued)*

05/09/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/23/2025

06/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

64a - Admin Training

1. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- 1. An orientation program approved and administered by the Department.
- 2. A 100-hour standardized Department-approved administrator training course.
- 3. A Department-approved competency-based training test with a passing score.
- 4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff person [REDACTED], who is the home's administrator, has not successfully completed an orientation program approved and administered by the Department.

Plan of Correction

Directed [REDACTED] - 04/28/2025)

Executive Director is enrolled to take the next available orientation class on May 28, 2025.

The legal entity of the home will review any future ED's qualifications to ensure all required trainings have been completed prior to hire, starting immediately [REDACTED] 4/28/25).

Proposed Overall Completion Date: 05/28/2025

Directed Completion Date: 05/28/2025

Implemented [REDACTED] 06/05/2025)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [REDACTED] during the safety walk, it was observed the laundry room door in the Memory Care Unit unlocked, unattended, and accessible to the residents. Not all the residents of the home, including in the Memory Care Unit, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] 04/28/2025)

Memory Care Director secured the laundry room door.

Memory Care Director will educate all memory care staff on the importance of securing all poisonous material.

Education will be completed by May 19th.

Memory Care Director will do a daily walk through to ensure all poisonous materials are secured. Any deficiencies will be reported to the Executive Director.

Memory Care Director will review during monthly staff meetings starting May 7th.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented [REDACTED] - 05/09/2025)

121a - Unobstructed Egress

3. Requirements

2600.

121a - Unobstructed Egress (continued)

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

During the safety walk on [REDACTED], a wood bed frame was observed at the Memory Care Unit's back door exit, obstructing egress from the facility.

Plan of Correction

Accept [REDACTED] - 04/28/2025)

Director Engineering called the hospice company that provided the bed and the bed was removed the same day. Director of Engineering will Educate maintenance staff on ensuring nothing is blocking egress routes. Director of Engineering will complete a weekly walkthrough of all egress routs to ensure nothing is obstructed beginning Monday, April 28th. Director of Engineering will review above regulation during monthly staff meetings beginning May 7th.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented [REDACTED] - 05/09/2025)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [REDACTED] medical evaluation dated [REDACTED] did not include the medical information pertinent to diagnosis and treatment in case of an emergency and health status.

Plan of Correction

Accept [REDACTED] - 04/28/2025)

Wellness Nurse corrected the DME form with the physician, by 5/16/25. Wellness Nurse will educate the nursing staff and marketing director on how to ensure accuracy of form completion, by 5/16/25. Wellness Nurse will audit all new incoming DMEs to ensure forms are filled out completely by Physican prior to resident move-in, by 5/16/25.

141a 1-10 Medical Evaluation Information (continued)

Proposed Overall Completion Date: 05/16/2025

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented [redacted] - 06/05/2025)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed [redacted]. However, the resident's [redacted] medication administration records and medication pill pack do not indicate the diagnosis or purpose for the medication.

Plan of Correction

Accept [redacted] - 04/28/2025)

Wellness Nurse contacted physician and had chart updated to reflect diagnosis for medication.

Wellness Nurse will educate nursing staff on medications match diagnoses in the MAR, by 5/16/25.

Wellness Nurse will audit all medications administered to ensure they have a corresponding diagnosis by May 16th

Proposed Overall Completion Date: 05/16/2025

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented [redacted] - 06/05/2025)

224a - Preadmission Screen Form

6. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on [REDACTED].

Plan of Correction

Directed [REDACTED] 04/28/2025)

Wellness Nurse s will ensure all new residents moving forward have prescreen completed with the appropriate timeframe **by reviewing all new resident records upon admission, starting immediately [REDACTED] 4/28/25).**

ED will educate nurses, Marketing Director and Memory Care Director on proper completion of the preadmission screening **by 5/16/25. Documentation of the training will be maintained for the Departments review [REDACTED] 4/28/25).**

Wellness Nurse will continue to educate any new nurses, marketing directors or memory care directors on completing the prescreen within appropriate timeframe **upon hire, starting immediately.**

The ED will review all new resident records within 30 days of admission to ensure all required documentation has been completed and signed, starting immediately, [REDACTED] 4/28/25).

Proposed Overall Completion Date: 05/16/2025

Directed Completion Date: 05/16/2025

Implemented ([REDACTED] 06/05/2025)

225a - Assessment 15 Days

7. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED] however, the resident's assessment was not completed until [REDACTED]

Repeat Violation - Renewal [REDACTED]

Plan of Correction

Directed [REDACTED] - 04/28/2025)

Wellness Nurse will ensure all new residents moving forward have assessments completed with the appropriate time frame, **within 15 days of admission to the home, starting immediately [REDACTED] 4/28/25)**

Wellness Nurse will educate nurses, Marketing Director and Memory Care Director on proper completion of the assessments, **by 5/16/25 [REDACTED] 4/28/25).**

Wellness Nurse will continue to educate any new nurses, marketing directors or memory care directors on completing the assessment within appropriate time frame. **upon hire, starting immediately ([REDACTED] 4/28/25).**

Proposed Overall Completion Date: 05/16/2025

225a - Assessment 15 Days (*continued*)

Directed Completion Date: 05/16/2025

Implemented [REDACTED] - 06/05/2025)

227g -Support Plan Signatures

8. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] and staff member B participated in the development of [REDACTED] support plan on [REDACTED]. However, staff member B did not sign the support plan.

Plan of Correction

Directed [REDACTED] - 04/28/2025)

Wellness Nurse reviewed the support plan again with resident and family and signed, **by 5/16/25 [REDACTED] 4/28/25).**

Wellness Nurse will educate all staff members who complete support plans on how to accurately complete them and sign them, **by 5/16/25 [REDACTED] 4/28/25).**

Wellness Nurse will review all new support plans to ensure accurately completed, **within 30 days of admission an annually thereafter, starting immediately ([REDACTED] 4/28/25).**

Proposed Overall Completion Date: 05/16/2025

Directed Completion Date: 05/16/2025

Implemented [REDACTED] 06/05/2025)